

Type a plus sign (+) here → +

OO10/PTO Rev. 12/95	US Department of Commerce Patent and Trademark Office	Attorney Docket Number ARC 2865-R3	
<b>DECLARATION</b>		First Named Inventor Geerke, Johan H	
		<b>COMPLETE IF KNOWN:</b>	
		Application Number	Not assigned
		Filing Date	Not assigned
		Group Art Unit	Not assigned
Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing OR Declaration <input type="checkbox"/> Submitted after Initial Filing		Examiner Name Not assigned	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND APPARATUS FOR DETERMINING FORMULATION ORIENTATION OF MULTI-LAYERED PHARMACEUTICAL DOSAGE FORMS** (Title of the Invention)  
the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/087,787	06/03/98	

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

US Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional US or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name: ALZA Corporation

Payor  
Number: 01-1173  
(if applicable)

Name	Registration Number	Name	Registration Number
Steven F. Stone	20,246	D. Byron Miller	30,661
Paul L. Sabatine	22,539	John A. Dhuey	26,265
Michael J. Rafa	38,740	Pauline Ann Clarke	29,783
Susan K. Thomas	39,780	Owen J. Bates	40,346

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☒ Please direct all correspondence to:

Name:

Susan K. Thomas

Address:

ALZA Corporation

Address:

950 Page Mill Road, P.O. Box 10950

City:

Palo Alto

State:

CA

Zip:

94303-0802

Country:

USA

Telephone: 650-494-5171

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

Johan H. Geerke

☐ A petition has been filed for this unsigned inventor.

Given

Name: Johan

Middle

Initial: H

Family

Name: Geerke

Suffix:

Inventor's

Signature: *Johan H. Geerke*

Date: *June 2, 1999*

RESIDENCE 478 Arboleda Drive

City:

Los Altos

State:

CA

Country:

USA

Citizenship:

USA

POST OFFICE ADDRESS

City:

State:

Zip:

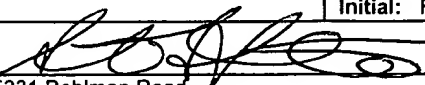
Country:

Applicant  
Authority:

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any: Steven F. Stone		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name: Steven	Middle Initial: F.	Family Name: Stone	Suffix:	
Inventor's Signature: 		Date: June 7, 1999		
RESIDENCE 15331 Bohlman Road				
City: Saratoga	State: CA	Country: USA	Citizenship: USA	
POST OFFICE ADDRESS				
City:	State:	Zip:	Country:	Applicant Authority:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name:	Middle Initial:	Family Name:	Suffix:	
Inventor's Signature:		Date:		
RESIDENCE				
City:	State:	Country:	Citizenship:	
POST OFFICE ADDRESS				
City:	State:	Zip:	Country:	Applicant Authority:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name:	Middle Initial:	Family Name:	Suffix:	
Inventor's Signature:		Date:		
RESIDENCE				
City:	State:	Country:	Citizenship: U.S.	
POST OFFICE ADDRESS				
City:	State:	Zip:	Country:	Applicant Authority:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name:	Middle Initial:	Family Name:	Suffix:	
Inventor's Signature:		Date:		
RESIDENCE				
City:	State:	Country:	Citizenship:	
POST OFFICE ADDRESS				
City:	State:	Zip:	Country:	Applicant Authority:
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.				